



APPLICATION FOR MINISTRY
APPROVAL & AFFILIATION

Please type or print:

Circle one: (Dr.) (Rev.) (Mr.) (Mrs.) (Miss)

Ministry Director's Name: _____

Ministry, Church or Counseling Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Website and/or E-mail Address: _____

Date Ministry Established: _____

Number of Staff: _____ Number of Members: _____

Circle your answer please:

- | | | | |
|----|--|-----|----|
| 1. | I have read and fully agree with the IABC Doctrinal Statement (enclosed signed statements) | Yes | No |
| 2. | I have written and submitted a copy of our ministry's Philosophy of Biblical Counseling. | Yes | No |
| 3. | I understand the difference between membership and being a Certified Biblical Counselor of IABC. | Yes | No |
| 4. | I understand that as Director of the Ministry, I am required to complete the IABC Certification Process. | Yes | No |
| 5. | I understand that as Director of the Ministry, I will require my staff to become members of IABC. | Yes | No |
| 6. | I will notify IABC of any changes in leadership, including Board and Leaders. | Yes | No |

Evaluated by: _____

Date of Evaluation: _____

Comments/Questions: _____

Applicant Signature: _____ Date: _____

Membership approved by: _____ Date: _____

Executive Vice President IABC: _____ Date: _____